



DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

IIC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 3, 2016

Holly Baker, Manager  
Manes House  
127 Union Street  
Bennington, VT 05201

Dear Ms. Baker:

Thank you for the cooperation you gave our surveyor during the **May 31, 2016** annual survey of your facility.

Enclosed is the Residential Care Home Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela Cota".

Pamela Cota, RN  
Licensing Chief

Division of Licensing and Protection

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|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0193</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/31/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MANES HOUSE</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>127 UNION STREET<br/>BENNINGTON, VT 05201</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| R100   | Initial Comments:<br><br>An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 5/31/16. There were no regulatory findings. | R100  |  |  |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE